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Doc# 2322855035 Fee \$93.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

RHSP FEE:\$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 08/16/2023 11:38 AM PG: 1 OF 2

A. NAME & PHONE OF CONTACT AT FILER (optional) JOHN J. PHELPS 815-987-8675
B. E-MAIL CONTACT AT FILER (optional) JESSICCA@RLDC.US
C. SEND ACKNOWLEDGMENT TO: (Name and Address) ROCKFORD LOCAL DEVELOPMENT CORP 120 W STATE STREET, STE 306 ROCKFORD, IL 61101

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 20230718 0430
1b. [X] This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. [ ] TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. [X] ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. [ ] CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. [ ] PARTY INFORMATION CHANGE:
Check one of these two boxes: [ ] Debtor or [ ] Secured Party of record
AND Check one of these three boxes to: [ ] CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c [ ] ADD name: Complete item 7a or 7b, and item 7c [ ] DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)
6a. ORGANIZATION'S NAME ROCKFORD LOCAL DEVELOPMENT CORPORATION
OR
6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)
7a. ORGANIZATION'S NAME U.S. SMALL BUSINESS ADMINISTRATION
OR
7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7c. MAILING ADDRESS 120 W STATE STREET, STE 306 CITY ROCKFORD STATE IL POSTAL CODE 61101 COUNTRY USA

8. [ ] COLLATERAL CHANGE: Also check one of these four boxes: [ ] ADD collateral [ ] DELETE collateral [ ] RESTATE covered collateral [ ] ASSIGN collateral
Indicate collateral:

Handwritten notes: C, P, S, SCY, INT, Y, L, R

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here [X] and provide name of authorizing Debtor
9a. ORGANIZATION'S NAME GS TRUCK CENTER, INC.
OR
9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA: 50834191-08 GS TRUCK CENTER, INC. (DEBTOR)

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## **EXHIBIT A** **Legal Description**

THE SOUTH 8 ACRES OF THE NORTH 16 ACRES OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 11, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPT THEREFROM THE EAST 50.00 FEET DEDICATED FOR HIGHWAY, (EXCEPT THE WEST 275.00 FEET TAKEN FOR CALUMET EXPRESSWAY), IN COOK COUNTY, ILLINOIS

P.I.N. 32-11-207-004-0000

Address: 19660 STONEY ISLAND AVENUE, LYNWOOD, IL 60411

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